



E-Prescribing OXERVATE® (cenegermin-bkbj)

E-Prescribe OXERVATE to **CoAssist Pharmacy** via your EHR / EMR and e-enroll patients into **Dompé CONNECT to Care** in a few steps

FEATURES OF COASSIST PHARMACY INCLUDES:



Proactive capture of patient eConsent



eBenefits Verification (eBV), including if PA is required, in less than 15 seconds



Real-time ePrior Authorization (ePA) submission with decisions returned in minutes*



Increase speed to therapy

Questions? We are here to help.

CoAssist Patient Access Specialist

9 A.M. - 8 P.M., ET.



CALL: 407.232.8839



FAX: 833.596.2174



EMAIL: dompepatientaccess@assistrx.com

Dompé CONNECT to Care

8 A.M. – 8 P.M., ET.



CALL: **877.422.4412**



FAX: **855.263.1775**



Indication

OXERVATE is indicated for the treatment of neurotrophic keratitis.

Important Safety Information

WARNINGS AND PRECAUTIONS

Contact lenses, either therapeutic or corrective, should be removed before applying OXERVATE. Contact lenses may be reinserted 15 minutes after OXERVATE administration.

Eye discomfort, such as eye pain, that can be mild to moderate can occur with OXERVATE. Patients should contact their health care provider if a more serious eye reaction occurs.

ADVERSE REACTIONS

The most common adverse reaction with OXERVATE (~16%) was eye pain. Other adverse reactions with OXERVATE (1% to 10%) included corneal deposits, foreign body sensation, ocular hyperemia, ocular inflammation, photophobia, tearing, and headache.

Please read the full Prescribing Information for OXERVATE at www.OXERVATE.com/prescribing-information.



^{*}PA decisions can be returned in minutes to hours depending on payer/PBM electronic capabilities.





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STEP-BY-STEP GUIDE:

1 STEP ONE

Log into your EHR/EMR and E-Prescribe 'OXERVATE' to CoAssist Pharmacy.

eRx: NCPDP 5733604 | Phone: 855-382-2533 | Fax: 833-596-2174

Mon - Fri: 9 a.m. - 5 p.m. ET | Pharmacy Location: Orlando, FL

When e-prescribing, input the below REQUIRED information.

- Osing directions: Instill 1 drop in the affected eye(s) every 2 hours, 6 times per day. Continue for 8 weeks.
- Quantity: 56mL (one eye) /112mL (both eyes) | Days supply: 56 | Refills: 0
- Input the following required info in the "Notes to Pharmacist" or in the free text field (see example below)
 - > Treated eye: right, left, or both
 - Applicable ICD-10 code(s) (see below)

		Central corneal ulcer	Unspecified corneal ulcer	Neurotrophic keratoconjunctivitis	Anesthesia and hypoesthesia of cornea
	Right Eye	H16.011	H16.001	H16.231	H18.811
	Left Eye	H16.012	H16.002	H16.232	H18.812

This document is provided for informational purposes only and is not legal advice or official guidance from health plans. It is not intended to increase or maximize reimbursement by any health plan. Dompé does not warrant, promise, guarantee, or make any statement that the use of this information will result in coverage or payment for OXERVATE® (cenegermin-bkbj), or that any payment received will cover providers' costs. Dompé is not responsible for any action providers take in billing for, or appealing, OXERVATE claims. This form is to be used post-diagnosis.

> Email for PA communication

Example:

Note to Pharmacy:

Both eyes, Right eye, H16.231; Left eye, H16.012, becky@testhcpoffice.com

*NOTE: All details required to process the E-Prescription

- Dompé CONNECT to Care runs applicable eServices and provides
 Summary of Benefits to HCP
- 3 STEP THREE IMPORTANT Obtain Patient Consent 3 options:
 - **Text message (from 1-813-358-4152):** Sent to patients where they must respond "Yes" to complete their consent
 - Online: https://hipaaconsent.com/
 - Paper: Patient Authorization Form or Patient Enrollment Form. Must be faxed to the corresponding number.
- The prescription is transferred to the specialty pharmacy for delivery of OXERVATE; patients receive a notification text.